

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Room 450

Area Code/Phone Number

916-327-8011

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION
Date Stamp
2008 DEC 18 PM 3:38

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: 12/3/08
(month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

National Academy for State Health Policy

Name

10 Free Street, 2nd Floor

Portland

ME

04101

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel)

(month, day, year)

\$ _____

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel Tampa, FL

10/4-7/08

Date(s) of Travel

\$ 281.00

Transportation Expenses

\$ 555.63

Lodging Expenses

\$ 166.00

Meal Expenses

\$ 66.68

Other Expenses

\$ 1069.31

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Sanchez

Last Name

Ernesto A.

First Name

Deputy Director

Title

Eligibility & Enrollment

Department/Division

Last Name

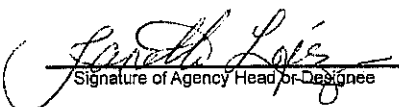
First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.


Signature of Agency Head or Designee

Janette Lopez

Print Name

Chief Deputy Director

Title

12/03/08

(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Gift to Agency Report

A Public Document

RECEIVED

GIFT TO AGENCY REPORT

1. Agency Name

California Managed Risk Medical Insurance Board

Division, Department, or Region (if applicable)

Street Address

1000 G Street, Suite 450, Sacramento, CA 95814

Area Code/Phone Number

916-327-8011

E-mail

drushton@mrmib.ca.gov

Agency Contact (name and title)

Diana Rushton, Filing Officer

2008 DEC 18 PM 3:38

California Form 801

For Official Use Only

☐ Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

☐ Individual

Last Name

First Name

☒ Other

The California Endowment

Name

1331 Garden Highway, Suite 220

Sacramento

CA

95833

Address

City

State

Zip Code

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Name	\$	Amount	Name	\$	Amount
------	----	--------	------	----	--------

3. Payment Information

Date and Amount of Payment (other than travel) (month, day, year) \$ (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Savannah, Georgia

10/14-17/08

Date(s) of Travel

\$ 697.00

Transportation Expenses

\$ 518.00

Lodging Expenses

\$ 104.00

Meal Expenses

\$ 568.00

Other Expenses

\$ 1887.00

Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

Lee,

Last Name

Tony

First Name

Fiscal Officer

Title

MRMIB-Administration

Department/Division

Last Name

First Name

Title

Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.


Signature of Agency Head or Designee

Janette Lopez

Print Name

Chief Deputy Director

Title

12/1/08
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)